



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : George D. Escobar et al.      Art Unit : 2611  
Serial No. : 09/982,981      Examiner : Unknown  
Filed : October 22, 2001  
Title : CUSTOMIZED ELECTRONIC PROGRAM GUIDE

Commissioner for Patents  
Washington, D.C. 20231

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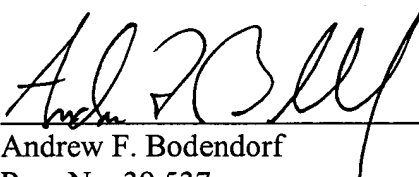
REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Please correct the Filing Receipt for the above-referenced application to include the following priority information. This application is a Continuation of U.S. 09/893,428 filed June 29, 2001, which is a Continuation in Part of U.S. 09/584,348 filed June 1, 2000 and U.S. 09/828,469 filed April 9, 2001.

Please supply a corrected Filing Receipt to the undersigned with respect to this application. No fee is believed to be due. If, however, there are any charges or credits, please apply them to Deposit Account No. 06-1050.

Respectfully submitted,

Date: APRIL 4, 2002

  
\_\_\_\_\_  
Andrew F. Bodendorf  
Reg. No. 39,537

Fish & Richardson P.C.  
601 Thirteenth Street, NW  
Washington, DC 20005  
Telephone: (202) 783-5070  
Facsimile: (202) 783-2331



UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/982,981	10/22/2001	George D. Escobar	06975-166002

CONFIRMATION NO. 7232



\*OC00000007577132\*

W. KARL RENNER  
Fish & Richardson P.C.  
601 Thirteenth Street, N.W.  
Washington, DC 20005

Date Mailed: 03/04/2002

RESPONSE TO REQUEST FOR CORRECTED FILING RECEIPT

Claims, Fees, Inventors and Continuity

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In response to your request for a corrected Filing Receipt, the Office is unable to comply with your request because:

- ☐ The total number of claims appearing on the Filing Receipt does not include multiple dependent claims. The total fee appearing on the Filing Receipt includes the cost of multiple dependent claims that were present at the time the application was filed.
- ☐ The filing fee is correct. It includes the surcharge under 37 CFR 1.16(e) for filing an oath/declaration or basic filing fee after the application filing date.
- ☐ The inventor information may be truncated if the family name consists of more than 50 characters (letters and spaces combined) and if the given name consists of more than 50 characters (letters and spaces combined). The inventor's residence allows for up to 40 characters (letters and spaces combined).
- ☐ The docket number allows a maximum of 25 characters.
- ☒ Continuity claimed under 35 USC 120 cannot be added to the Filing Receipt without supplying the relationship (i.e. continuation, divisional...).
- ☐ Foreign priority will appear on the Filing Receipt in the following order:  
**Country, Application number, Filing date.**
- ☐ The person signing on behalf of the deceased inventor will be reflected on your Filing Receipt as the legal representative.
- ☐ Only one character per space is allowed. Therefore, punctuation which is usually placed above or below a letter, such as an umlaut (..), cannot be included on the Filing Receipt.

Any corrections that may need to be done to your Filing Receipt should be directed to:

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
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R. BERKE

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Initial Patent Examination Division (703) 308-1202

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Bib Data Sheet

CONFIRMATION NO. 7232

<b>SERIAL NUMBER</b> 09/982,981	<b>FILING DATE</b> 10/22/2001 <b>RULE</b>	<b>CLASS</b> 725	<b>GROUP ART UNIT</b> 2611	<b>ATTORNEY DOCKET NO.</b> 06975-166002
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**APPLICANTS**

George D. Escobar, Purcellville, VA;  
Carlos A. Silva JR., Potomac, MD;  
Robert M. Cooper, Washington, DC;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 09/893,428 06/29/2001 ABN  
WHICH IS A CIP OF 09/584,348 06/01/2000  
AND A CIP OF 09/828,469 04/09/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA 09893428 06/29/2001  
UNITED STATES OF AMERICA 09584348 06/01/2000  
UNITED STATES OF AMERICA 09828469 04/09/2001

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 11/19/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

W. KARL RENNER  
Fish & Richardson P.C.  
601 Thirteenth Street, N.W.  
Washington, DC 20005

**TITLE**

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